Independent Resolutions Inc.
An Independent Review Organization
Phone Number: **(682) 238-4977**
835 E Lamar Blvd. 394
Arlington, TX 76011
Fax Number: **(817) 385-9610**
Email:independentresolutions@irosolutions.com

Notice of Independent Review Decision

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Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: ***Date of Notice:*** 10/05/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Internal Medicine

Description of the service or services in dispute:

Physical Therapy 3 X 4 cervical and lumbar

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell at work. He reported injuring his neck, shoulder and low back. Initial evaluation dated 05/01/15 indicates that he has had therapy in the past without relief for the neck and had left shoulder surgery. Discharge summary dated 07/20/15 indicates that cervical range of motion is unchanged from evaluation on 05/01/15. Lumbosacral range of motion is also unchanged. CT lumbar myelogram dated 07/22/15 revealed a 3 mm diffuse annular disc bulge at L4-5 with mild bilateral facet joint hypertrophy impinges the L5 nerve roots within the narrowed bilateral lateral recesses without central stenosis or neural foraminal narrowing. At L5-S1 there is a 3 mm broad based disc abutting the exiting L5 nerve roots in the proximal L5-S1 neural foramina without central stenosis. There is mild bilateral facet joint hypertrophy. CT cervical myelogram dated 07/22/15 revealed uncovertebral joint spurring and facet joint hypertrophy severely narrow the left C3-4 neural foramen at C3-4; C5-6 ACDF; C6-7 there is a 2 mm midline disc indenting the ventral thecal sac without central stenosis or cord compression. The neural foramina remain patent. Soap note dated 07/31/15 indicates that he has had a previous fusion at C5-6. Plan of care dated 08/10/15 indicates that the patient presents to physical therapy with neck and low back pain. Patient has had physical therapy following left shoulder surgery, but has not had any therapy for neck or lower back. Diagnoses are listed as cervicalgia and lumbago. EMG/NCV dated 08/20/15 is a normal study. Handwritten note dated 09/17/15 indicates that the patient needs physical therapy for the shoulder primarily as he only had 2 sessions postoperatively. However, it is reported that he needs additional physical therapy for lumbar and shoulder now (neck is still too painful and likely requires surgery). Note dated 09/17/15 indicates that the patient is nearly 6 months status post left shoulder rotator cuff repair, subacromial decompression and distal clavicle excision. Current medications are metformin, atenolol, levothyroxine and ranitidine. On physical examination grip is 70 pounds on the left and 75 pounds on the right. Exam of the neck reportedly shows normal findings.

Initial request for physical therapy 3 x 4 cervical and lumbar was non-certified on 08/13/15 noting that part of this request includes a list of proposed modalities or number of units (up to 15 modalities/procedural units per session were requested). There is no adequate explanation as to why more than 3 to 4 modalities/units per session would be indicated. There was no complete set of physical therapy notes submitted, by which plateauing and progress might be assessed. There are no objective indications of progressive, clinically significant improvement from prior therapy. Continuation of therapy should be predicated on a formal assessment validating improvement in function at intervals of 6 sessions. Appeal letter dated 09/04/15 indicates that they would agree to modify the request to 4 modalities per session. It

is noted that the patient began physical therapy for left arm/hand, neck, left shoulder and low back, but was unable to continue PT for his neck which aggravated his neck symptoms. At this stage, it is recommended that the patient continue therapy only for the left shoulder and lumbar spine. The denial was upheld on appeal dated 09/15/15 noting that the 12 session course of physical therapy represents treatment in excess of the 9 to 10 session course suggested in evidence based treatment guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The claimant's work status, functional status and response to earlier treatment were not outlined.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries and has undergone treatment including shoulder surgery and physical therapy. There is conflicting information provided within the submitted clinical records as there are statements that the patient has not received any physical therapy for the neck and low back and in other records there are statements that the patient has undergone prior physical therapy for both, but physical therapy for the neck had to be discontinued due to increased pain. Additionally, the appeal letter states that the patient completed only 2 postoperative physical therapy visits; however, the submitted daily notes document completion of at least 10 physical therapy postoperatively. The current request is specifically for physical therapy to the cervical and lumbar; however, the appeal letter and most recent progress notes indicate that the patient has been recommended to continue physical therapy only for the shoulder and lumbar spine as the neck is still too painful. Given the current clinical data, medical necessity is not established in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for physical therapy 3 x 4 cervical and lumbar is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)